ICA Renewal Projection Report

Summary File Name: PHE_Unwind_Renewal_Projection_MMDDCCYY.csv

Frequency: Monthly

Channel: SFTP

<u>Summary</u>

Report Column	Details	Max Field Size	Format	Optional or Required?
Medicaid ID	Indicates the unique Medicaid identifier of the member.	10	NUMERIC	Required
CARES PIN	Indicates a number which uniquely identifies a member within CARES.	10	NUMERIC	Required
CARES Case	Indicates a number which uniquely identifies a household.	10	NUMERIC	Required
First Name	Indicates the first name of the member.	15	CHARACTER	Required
Last Name	Indicates the last name of the member.	20	CHARACTER	Required
Suffix	Indicates a name/number that further describes the individual (eg: 2-Sr,3-III).	3	CHARACTER	Optional
DOB	Indicates the date of birth of the member. The format for this field is mm/dd/yyyy.	10	DATE	Optional
Gender	Indicates the gender of the member. Valid values for this field are M and F.	1	CHARACTER	Required

Benefit Plan	Indicates the member's benefit plan as it is shown in ForwardHealth, such as BCSP or MCD.	4	CHARACTER	Optional
Med Stat	Indicates the medical status code on file in CARES for a member.	2	CHARACTER	Optional
Renewal Due Date	Indicates the member renewal due date on file in CARES. The format for this field is mm/dd/yyyy.	10	DATE	Required
Address Line 1 – Home	Indicates the member's home address line 1 in CARES.	80	CHARACTER	Optional
Address Line 2 – Home	Indicates the member's home address line 2 in CARES.	80	CHARACTER	Optional
City – Home	Indicates the city in which the member has on file for their home address in CARES.	15	CHARACTER	Optional
State – Home	Indicates the state in which the member has on file for their home address in CARES.	2	CHARACTER	Optional
Zip+4 – Home	Indicates the state in which the member has on file for their home address in CARES. 0's converted to blanks for Zip+4.	9	CHARACTER	Optional
County – Home	Indicates the home county in which the member has on file for their home address in CARES.	2	NUMERIC	Optional

Address Line 1 – Mailing	Indicates the member's mailing address line 1 in CARES.	80	CHARACTER	Optional
Address Line 2 – Mailing	Indicates the member's mailing address line 2 in CARES.	30	CHARACTER	Optional
City – Mailing	Indicates the city in which the member has on file for their mailing address in CARES.	15	CHARACTER	Optional
State – Mailing	Indicates the state in which the member has on file for their mailing address in CARES.	2	CHARACTER	Optional
Zip+4 – Mailing	Indicates the state in which the member has on file for their mailing address in CARES. 0's converted to blanks for Zip+4.	9	CHARACTER	Optional
Mailing Address Last Updated Date	Indicates the date of the last time the member updated their mailing address in CARES. The format for this field is mm/dd/yyyy.	10	DATE	Optional
Phone Number - Home	Indicates the home phone number in which the member has on file in CARES.	10	CHARACTER	Optional
Phone Number - Work	Indicates the work phone number in which the member has on file in CARES.	17	CHARACTER	Optional
Phone Number - Cell	Indicates the cell phone number in which the member has on file in CARES.	10	CHARACTER	Optional
Phone Number - Message	Indicates the message phone number in which the member has on file in CARES.	17	CHARACTER	Optional
Email Address	Indicates the email address in which the member has on file in CARES.	50	CHARACTER	Optional
Preferred Contact Method	Indicates the preferred contact method which the member has on file in CARES.	200	CHARACTER	Optional
Race	Indicate the race of the individual. Values include: A – NATIVE HAWAIIAN/PACIFIC ISLAND B – BLACK/AFRICAN AMERICAN D – DECLINE TO ANSWER I – AMERICAN INDIAN/ALASKAN NATIVE MULTI-RACE O – OTHER S – ASIAN	500	CHARACTER	Optional

	U – UNKNOWN W – WHITE (Blanks)			
Ethnicity	Indicates if the member is Hispanic. Values include: DECLINE TO ANSWER HISPANIC OR LATINO/A UNKNOWN (Blanks)	500	CHARACTER	Optional
Language	Indicates the primary language of the member.	200	CHARACTER	Optional
IM Consortia / Tribal Agency	Indicates the consortia or tribal IM agency of which the member is associated to.	40	CHARACTER	Optional
ACCESS Account Indicator	Indicates whether the member has an ACCESS account or not.	1	CHARACTER	Optional
Waiver Program Type	Indicates the type of Waiver Program Type the member is enrolled in.	5	CHARACTER	Required
Waiver Agency ID	Indicates the Waiver Agency ID the member is enrolled in.	8	CHARACTER	Required
Waiver Agency Name	Indicates the Waiver Agency Name the member is enrolled in.	50	CHARACTER	Required